REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27952
Do not use this space.

1. PLACE OF DEATH
(a) County: Jackson — Registration District No.: 399
(b) Township: Kansas — Primary Registration District No.: 1002 — Registered No.: 3263
(c) City: Kansas City — (d) Street No.: Agnes St at Riverfront St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Darwin A. Hosmer — 25 L
(a) Residence, No.: 5614 Olive St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 2, 1862
7. AGE: Years 76 Months 2 Days 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): May 1-1935
11. Total time (years) spent in this occupation: all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Guernsey Co. Ohio

FATHER
13. NAME: Daniel Hosmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Amelia Myra Bostwick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Alice Hosmer Johnston, 5614 Olive St. K.C. Mo
18. BURIAL, CREMATION, OR REMOVAL: PLACE: Memorial Park K.C. Mo DATE: 8-18 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Sudbeck-Milum, 6900 Troost K.C. Mo
20. FILED: Aug 17 1938 M. M. Brown, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-16-38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw him alive on ..... 8-30, 19.... Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death by drowning	1 hr
	2 hr
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Do not know Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Found dead at Agnes St.
Nature of injury: at Riverfront
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Geo. B. Dutton, M. D.
(Address) Gen Hosp, K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH STANDARD INK—THIS IS A PERMANENT RECORD

X14023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.